

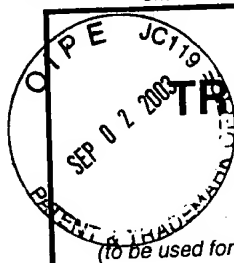
Please type a plus sign (+) inside this box

PTO/SB/21 (08-00)

Not valid for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/658,283
Filing Date	09/08/00
First Named Inventor	Turner
Group Art Unit	1646
Examiner Name	J. F. Murphy
Attorney Docket Number	LEX-0041-USA

Total Number of Pages in This Submission 28

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☒ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

- Return Postcard
- Exhibits A - O

Remarks

Everything filed in triplicate

Customer # 24231

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Lexicon Genetics Incorporated

Lance K. Ishimoto

Reg. No. 41,866

Signature

Lance K. Ishimoto

*Peter G. Seferian
Reg No 40162*

Date

September 2, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail (EV 232149295 US) in an box addressed to: Commissioner for Patents, Mail Stop Appeal Brief, P.O. Box 1450, Alexandria, VA 22313 on this date:

September 2, 2003

Typed or printed name

Nancy Stacey

Signature

Nancy Stacey

Date

September 2, 2003

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PTO E JC 19 SEP 02 2003 PATENT & TRADEMARK

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Approved for use through 10/31/2002. PTO/SB/17 (01-03) OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 160.00

Complete if Known	
Application Number	09/658,283
Filing Date	09/08/00
First Named Inventor	Turner
Examiner Name	J. F. Murphy
Group Art Unit	1646
Attorney Docket No.	LEX-0041-USA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 50-0892

Deposit Account Name: Lexicon Genetics Incorporated

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001 375 Utility filing fee	
		1002	330	2002 165 Design filing fee	
		1003	520	2003 260 Plant filing fee	
		1004	750	2004 375 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: -20**= X =

Independent Claims: -3**= X =

Multiple Dependent: =

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	2202 9 Claims in excess of 20	
		1201	84	2201 42 Independent claims in excess of 3	
		1203	280	2203 140 Multiple dependent claim, if not paid	
		1204	84	2204 42 **Reissue independent claims over original patent	
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840**	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	160.00
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	740	2801	370	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
SUBTOTAL (3)					(\$ 160.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type): Lance K. Ishimoto

Registration No. (Attorney/Agent): 41,866

Telephone: (281) 863-3333

Signature: *[Signature]*

Date: September 2, 2003

Customer # 24231

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.

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